

FILED AUG 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

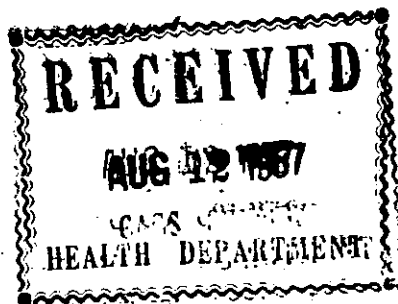
23852
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 5221 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dayton Twp.				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Dayton Twp. Garden City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at the home				Length of stay in lb 38 years		d. STREET ADDRESS (If outside, give location) 6 miles-south	
3. NAME OF DECEASED (Type or print) First Thomas Middle Howard Last Blanton				4. DATE OF DEATH Month 8 Day 1 Year 1957			
5. SEX male		106. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 30, 1890	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) Polk, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William J. Blanton				14. MOTHER'S MAIDEN NAME Louisa Birdsong			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT 1109 Orchard Ave. Hutchison, Mr. Raymond Blanton - Kansas			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Coronary Occlusion DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Arteriosclerotic heart disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200							INTERVAL BETWEEN ONSET AND DEATH Instant ? ?
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. Month p. m. Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 3 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John Stephens Sheriff Assessor				22b. ADDRESS Hannamville Mo.		22c. DATE SIGNED 8-1-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-3-1957		23c. NAME OF CEMETERY OR CREMATORY Dayton Cemetery		23d. LOCATION (City, town, or county) (State) Dayton, Missouri	
24. FUNERAL DIRECTOR Reinson & Dickey - Garden City, Mo.				25. DATE RECD. BY LOCAL REG. Aug 3, 1957		26. REGISTRAR'S SIGNATURE Dora Barnard	

(Licensed Embalmer's Statement On Reverse Side)

AUG 16 1937



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or by~~, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Wm. J. Hilly*

Licensed Embalmer No. *46*

P. O. Address *London*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.